

Trans & Gender Affirming Care Case Form

Indigenous?

Pronouns:

Gender Identity:

Sex assigned at birth:

Insurance Coverage:

Age Range:

Clinician Name

Clinical Site:

Date of next appt:

Spiritual Wellness

Spiritual Practices:

Traditional Herbal/Food Practices:

Role of Personal Ceremony:

Role of Community Ceremony:

Connection to traditional healer / practitioner /
medicine person?

Spiritual Embodiment Goals:

Community Wellness

Kinship Connections:

Self-definition of family/kinship ties, social
supports & central connections:

Relationship with Nation, Tradition, or
Communities of origin:

Desired Social/Community Supports:

Community Embodiment Goals:

Mind Wellness

Areas of Strength:

PHQ 2/9:

GAD-7:

Sleep:

Needs related to current/previous trauma or
suicidal ideation:

Other notes:

Mental/Emotional Embodiment Goals:

Physical Wellness

Medical History:

Use of Indigenous medicine:

Current Medications:

Labs:

Organ Inventory:

Sexual Health History/Reproductive Goals:

Physical Embodiment Goals:

Questions